FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED A. BUILDING B. WING _ NVS3220AGC 11/06/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3712 SPITZE DRIVE**

ANGEL PRESTIGE		LAS VEGAS, NV 89103				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATIO		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
Y 000	Initial Comments	Y 000				
	This Statement of Deficiencies was generated a result of the Annual State Licensure Survey conducted in your facility on November 6, 200 This State Licensure Survey was conducted by the Health Division pursuant to the authority of NRS 449.150.	08. Dy				
	The facility is licensed for ten (10) Residential Facility for Group beds for elderly, disabled, mental illness and chronic illness. Four (4) be are licensed for Category 1 residents and six beds are licensed as Category 2 residents.	eds				
	The census was 10.					
	There were no complaints investigated.					
	The findings and conclusions of any investigated by the Health Division shall not be construed a prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federa state, or local laws.	as				
SS=D	449.200(1)(f) Personnel File - Background Ch	neck Y 105				
	NAC 449.200 1. Except as otherwise provided in subsection a separate personnel file must be kept for each member of the staff of a facility and must inclu (f) Evidence of compliance with NRS 449.176 449.185, inclusive.	ch ude:				
	This Regulation is not met as evidenced by: NRS 449.176 1. Each applicant for a license to operate a factorial description.	cility				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS3220AGC 11/06/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3712 SPITZE DRIVE ANGEL PRESTIGE** LAS VEGAS, NV 89103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 105 Y 105 Continued From page 1 for intermediate care, facility for skilled nursing or residential facility for groups shall submit to the central repository for Nevada records of criminal history two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report. 2. The central repository for Nevada records of criminal history shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediate inform the administrator of the facility, if any, and the health division of whether the applicant has been convicted of such a crime. NRS 449.179 1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall: (a) obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188; (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the central repository for Nevada records of criminal history the fingerprints obtained pursuant to paragraph (c).

2. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for

Bureau of Health Care Quality & Compliance

AND DIAM OF CODDECTION		(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB	ER:			(X3) DATE SURVEY COMPLETED			
				A. BUILDING B. WING	·				
		NVS3220AGC	T			11/0	06/2008		
NAME OF PROVIDER OR SUPPLIER ANGEL PRESTIGE			STREET ADDRESS, CITY, STATE, ZIP CODE 3712 SPITZE DRIVE LAS VEGAS, NV 89103						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI			ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE			
Y 105	skilled nursing or a re not required to obtain subsection 1 from an contractor who provid investigation of his or conducted by the cer records of criminal hi preceding 6 months a indicate that the emp contractor had been forth in NRS 449.188 3. The administrator operate, an agency to home, a facility for inskilled nursing or a reshall ensure that the employee or independant the agency or facil every 5 years. The action (a) If the agency or facil every 5 years. The action of the employee or independant the employee or independant the ingerprints of the employee or independent of the fingerprints on file paragraph (a) to the records of criminal himself of the section, the cerecords of criminal himself of the section and the administrator of the section and the section and the administrator of the section and the administrator of the section and the administrator of the se	esidential facility for groat the information described and the investigation dialoyee or independent the investigation dialoyee or independent convicted of any crime is of or the person license or provide nursing in the termediate care, a facility for grocriminal history of each identical facility does not have the include or obtained pursuant the identical facility for submission to vestigation for its report or independent contractor to forward or obtained pursuant in the identical facility in the central repository for Newstory for submission to vestigation for its report or independent contractor in the central repository for Newstory shall determine the or independent contractor in the pursuant in the independent contractor in the province of a crime listed in NRS ately inform the health inistrator of, or the person independent contractor in the pe	bed in lent ada iately do not set set to et set to et set set to et set shall: et ints bor; and to evada the et; and et story. suant rada actor	Y 105	DET IOIENCE				
		the agency or facility at ether the employee or	WITICH						

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS3220AGC 11/06/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3712 SPITZE DRIVE ANGEL PRESTIGE** LAS VEGAS, NV 89103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 105 Continued From page 3 Y 105 independent contractor has been convicted of such a crime. 5. The central repository for Nevada records of criminal history may impose a fee upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the central repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the central repository, it shall allow the employee or independent contractor to pay the amount through periodic payments. NRS 449.182 Each agency to provide nursing in the home, facility for intermediate care, facility for skilled nursing and residential facility for groups shall maintain accurate records of the information concerning its employees and independent contractors collected pursuant to NRS 449.179, and shall maintain a copy of the fingerprints submitted to the central repository for its report. These records must be made available for inspection by the health division at any reasonable time and copies thereof must be furnished to the health division upon request. NRS 449.185 1. Upon receiving information from the central repository for Nevada records of criminal history pursuant to NRS 449.179, or evidence from any other source, that an employee or independent contractor of an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188, the

administrator of, or the person licensed to

PRINTED: 04/17/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS3220AGC 11/06/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3712 SPITZE DRIVE ANGEL PRESTIGE** LAS VEGAS, NV 89103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 105 Continued From page 4 Y 105 operate, the agency or facility shall terminate the employment or contract of that person after allowing him time to correct the information as required pursuant to subsection 2. 2. If the employee or independent contractor believes that the information provided by the central repository is incorrect, he may immediately inform the agency or facility. An agency or facility that is so informed shall give the employee or independent contractor a reasonable amount of time of not less than 30 days to correct the information received from the central repository before terminating employment or contract of the person pursuant to subsection 1. 3. An agency or facility that has complied with NRS 449.179 may not be held civilly or criminally liable based solely upon the ground that the agency or facility allowed an employee or independent contractor to work; (a) Before it received the information concerning the employee or independent contractor from the central repository; (b) During any period required pursuant to subsection 2 to allow the employee or independent contractor to correct that information: (c) Based on the information received from the central repository, if the information received from the central repository was inaccurate; or (d) Any combination thereof. An agency or facility may be held liable for any other conduct determined to be negligent or unlawful.

NRS 449.188 Denial, suspension or revocation of license to operate certain facility or agency: Conviction of applicant or licensee of certain crime or continued employment of person

1. In addition to the grounds listed in NRS

convicted of certain crime.

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immediately preceding 7 years;

(10) Any offense involving fraud, theft,

embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within

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Scope: 1

Severity: 2

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS3220AGC 11/06/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3712 SPITZE DRIVE ANGEL PRESTIGE** LAS VEGAS, NV 89103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 936 449.2749(1)(e) Resident file Y 936 NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section. the staff of a facility for the dependent. a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold. flu. or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or

(7) Has been in close contact with a person who

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(h) of subsection 1 of NAC 441A.200.3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least

annually for the presence or absence of

symptoms of tuberculosis.

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in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a

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Resident #3 was admitted 4/18/06. There was no documented evidence of an annual 1-step Mantoux tuberculin skin test following the initial 2-step Mantoux tuberculin skin test dated 2/8/05.

0 mm results.

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